



COMMONWEALTH of VIRGINIA

DEPARTMENT OF CRIMINAL JUSTICE SERVICES

DIVISION OF FORENSIC SCIENCE
CENTRAL LABORATORY
A Nationally Accredited Laboratory

700 NORTH 5TH STREET
RICHMOND, VIRGINIA 23219
(804) 786-4707

Date

Collection Officer
Agency Name
Agency Address

Dear Collection Officer:

Recently you/your agency submitted a blood sample from a Convicted Offender for inclusion in Virginia's DNA Data Bank. The sample was received with the following problem(s):

Blood sample not delivered to the Division of Forensic Science within 15 days of being taken in violation of the Code of Virginia § 19.2-310.3.

Illegible handwriting on tube/submission form.

Information on the blood tube differs from the information on the sample submission form.

Incomplete information on the blood tube.

Incomplete information on the sample submission form.

Chain of custody not filled out completely

Incomplete agency address.

Agency phone number not provided.

Comments:

Felony Offender's Name:

If you have any questions, please feel free to call me at (804) 786-9823 to discuss this issue further.

Sincerely,

DNA Data Bank Supervisor